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Salt Lake City, UT 84114
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BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF UTAH

COMPLAINANT:

UTAH INSURANCE DEPARTMENT

RESPONDENT:

THE UNION CENTRAL LIFE INSURANCE CO.
Attn: Jacqueline H. Hadley
2nd Vice President
The Union Central Life Insurance Company
PO Box 40888
Cincinnati, OH 45240
NAIC Identification No. 80837

**NOTICE OF INFORMAL
ADJUDICATIVE PROCEEDING
AND ORDER**

Failure to Accurately Certify

DOCKET No. 2006-023 LF

Enf. Case No. 1763

The Utah Insurance Department has commenced this informal adjudicative proceeding pursuant to Utah Code Annotated (U.C.A.) §§ 31A-2-101 and 63-46b-3 and Utah Administrative Code (U.A.C.) Rule R590-160. Based upon information contained in agency files or known to the Commissioner, the Commissioner makes the following:

FINDINGS OF FACT

1. Respondent is an authorized life insurance company in the State of Utah.
2. Respondent submitted Utah Life Insurance Filing Certification (Certification) to the

Commissioner, dated January 12, 2006, in connection with the filing of Respondent's form UC 8612 UT, Whole Life Policy.

3. Respondent's form UC 8612 UT, Whole Life Policy, contained language that had already been prohibited from use by the Commissioner in a previous filing.

4. Respondent falsely certified on the Certification that the "Nothing in this filing has been prohibited or disapproved in previous filings."

Having entered his Findings of Fact, the Commissioner now enters his:

CONCLUSIONS OF LAW

In falsely certifying to the Commissioner that the nothing in the filing had been previously prohibited or disapproved, Respondent violated U.C.A. 31A-2-202(6) and U.A.C. Rule R590-226-5(1).

Based upon the foregoing Findings of Fact and Conclusions of Law, the Commissioner now enters the following:

ORDER

IT IS HEREBY ORDERED:

1. Respondent shall pay an administrative forfeiture in the amount of \$1,000.00. Said forfeiture shall be paid no later than ten (10) days after the date this Order becomes final.

2. This Order shall become final fifteen (15) days after the date of mailing unless a written request for a hearing is received from the Respondent in the offices of the department prior to that date. A written request for a hearing shall be signed by the person making the request and shall state the basis for the relief requested.

NOTIFICATION

If you request a hearing regarding this matter, the department will be represented by M. Gale Lemmon, Assistant Attorney General, State Office Building, Room 3110, Salt Lake City, Utah 84114, Telephone Number (801) 538-3800. Failure to request a hearing will be considered a failure to exhaust administrative remedies and will preclude any further administrative or judicial review or appeal of this matter.

You are further notified that a failure to obey an Order of the commissioner may subject you to further penalties, including forfeitures of up to \$5,000.00 per violation and the suspension or revocation of your license and the filing of an action to enforce this Order in District Court which may impose forfeitures of up to \$10,000.00 per day for continued violation.

You are further notified that other jurisdictions in which you may be licensed may require that you report this action to them.

Questions regarding this Adjudicative Proceeding should be directed to Randy Overstreet, at the Utah Insurance Department (801) 538-3645.

DATED THIS 10th day of April, 2006.

D. KENT MICHIE
INSURANCE COMMISSIONER



MARK E. KLEINFELD, JD
ADMINISTRATIVE LAW JUDGE
Utah Insurance Department
State Office Building, Room 3110
Salt Lake City, Utah 84114
Telephone (801) 538-3800

CERTIFICATE OF MAILING

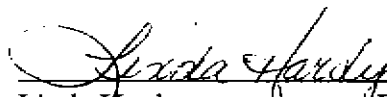
I do hereby certify that on this date I mailed, by regular mail, postage prepaid, a true and correct copy of the attached:

**NOTICE OF INFORMAL ADJUDICATIVE
PROCEEDING & ORDER**

To the following:

**THE UNION CENTRAL LIFE INS. CO.
Attn: Jacqueline H. Hadley
P.O. Box 40888
Cincinnati, OH 45240**

DATED this 10th day of April, 2006


Linda Hardy Insurance Technician
Utah Department of Insurance
State Office Building, Room 3110
Salt Lake City, UT 84114-6901
(801) 538-8138

**UTAH
Invoice**

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Printed Date: April 10, 2006

Invoice Date: April 10, 2006
Balance Due: \$1,000.00
Due Date: May 10, 2006
Invoice ID: 285747

UNION CENTRAL LIFE INSURANCE COMPANY
1876 WAYCROSS ROAD
P O BOX 40888
CINCINNATI OH 45240

Item Description	Amount
Monetary Penalty Agency	\$1,000.00
Original Amount Due	\$1,000.00

E-Case 1763 Docket 2006-023

**UTAH
Invoice**

E-Case 1763 Docket 2006-023

Printed Date: April 10, 2006

Invoice Date: April 10, 2006
Balance Due: \$1,000.00
Due Date: May 10, 2006
Invoice ID: 285747

Make checks payable to: Utah Insurance Department

Send payment to:

Utah Insurance Department
3110 State Office Building
Salt Lake City, UT 84114-6901

Detach and Return with Payment